

23026 U.S.PTO
012604

**NEW UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under

37 CFR 1.53(b))

<i>Attorney Docket Number</i>	23255-08789
<i>First Named Inventor</i>	Jan Vet
<i>Title</i>	Method For and Arrangement Comprising Means for Determining the Available Power Capacity of an Electric Power Supply
<i>Express Mail Label No.</i>	EV 333134480 US

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)		
3. <input checked="" type="checkbox"/> Specification <i>Total Pages</i> 17	9. <input type="checkbox"/> Power of Attorney or Authorization of Agent		
(preferred arrangement set forth below)			
<input type="checkbox"/> Descriptive Title of the Invention <input type="checkbox"/> Cross Reference(s) to Related Case(s) <input type="checkbox"/> Statement Regarding Fed sponsored R & D <input type="checkbox"/> Background of the Invention <input type="checkbox"/> Brief Summary of the Invention <input type="checkbox"/> Brief Description of the Drawing(s) <input type="checkbox"/> Detailed Description <input type="checkbox"/> Claim or Claims <input type="checkbox"/> Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>Total Sheets</i> 4	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement		
5. Combined Declaration & Power of Attorney	11. <input type="checkbox"/> Preliminary Amendment		
a. <input checked="" type="checkbox"/> New Declaration <i>Total Pages</i> 2	12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Citation(s)		
<input type="checkbox"/> Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (<i>for continuation/divisional with Box 18 completed</i>)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent		
	14. <input checked="" type="checkbox"/> Return Postcard		
	15. <input type="checkbox"/>		
	16. <input type="checkbox"/>		
	17. <input type="checkbox"/>		
ADDRESS TO:			
Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

00758

 Customer Number

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	<i>A. C. Smith</i>	Date	1/26/04

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\\$) 1,146**

Complete if Known	
Application Number	Not Yet Known
Filing Date	January 26, 2004
First Named Inventor	Jan Vet
Examiner Name	Not Yet Known
Art Unit	Not Yet Known
Attorney Docket No.	23255-08789

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Code	Code	(\\$)	(\\$)		
1001	2001	770	385	Utility filing fee	770
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)		(\\$)		770	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	17 -20** = 0	x 18	= 00
Multiple Dependent	4 -3** = 1	x 86	= 86

Large Entity	Small Entity	Fee	Fee	Fee Description
Code	Code	(\\$)	(\\$)	
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	**Reissue independent claims over original patent
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\\$)		376

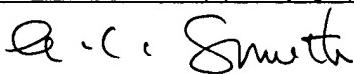
**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid	
Fee Code	Fee Code	(\\$)	(\\$)	
1051	2051	130	65	
1052	2052	50	25	
1053	2053	130	130	
1812	1812	2,520	2,520	
1804	1804	920*	920*	
1805	1805	1,840*	1,840*	
1251	2251	110	55	
1252	2252	420	210	
1253	2253	950	475	
1254	2254	1,480	740	
1255	2255	2,010	1,005	
1401	2401	330	165	
1402	2402	330	165	
1403	2403	290	145	
1451	1451	1,510	1,510	
1452	2452	110	55	
1453	2453	1,330	665	
1501	2501	1,330	665	
1502	2502	480	240	
1503	2503	640	320	
1460	1460	130	130	
1807	1807	50	50	
1806	1806	180	180	
8021	8021	40	40	
1809	2809	770	385	
1810	2810	770	385	
1801	2801	770	385	
1802	1802	900	900	
Other fee (specify) _____				
SUBTOTAL (3)		(\\$)		.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355	Complete (if applicable)
Signature				Date
			